

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 173
 County Registrar No. 969
 Local Registrar No. _____

2. Full name of child Carmen Garcia (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 6. Date of birth Nov. 21, 1926
 Month Day Year

8. FATHER
 Full name Evaristo Garcia
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Coahuila
 (State or country) Mex.

13. Occupation miner
 Nature of industry mining

14. MOTHER
 Full maiden name Esperanza Orduna
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Prescott
 (State or country) Arizona

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 6:55 A. m. on the date above stated
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Leyril M. Brown M.D. (Physician or midwife).
 Address Miami, Arizona

Given name added from a supplemental report _____ Filed Jan 7, 1927 L. E. Finn
 Month, day, year Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

371-1121-561